

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000266797

Entity Name: CANO PCP WOUND CARE, LLC

Current Principal Place of Business:

9725 NW 117 AVE, 2ND FLOOR
MIAMI, FL 33178

Current Mailing Address:

9725 NW 117 AVE, 2ND FLOOR
MIAMI, FL 33178 US

FEI Number: 84-4132308

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name CANO HEALTH, LLC
Address 9725 NW 117 AVE, 2ND FLOOR
City-State-Zip: MIAMI FL 33178

Title MGR
Name CANO HEALTH, LLC
Address 9725 NW 117 AVE, 2ND FLOOR
City-State-Zip: MIAMI FL 33178

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CANO HEALTH, LLC

AMBR

03/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date